

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

The Fund for American Exceptionalism

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Fund for American Exceptionalism

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		7546.19
(b) Cash on Hand at Beginning of Reporting Period.....	4957.25	
(c) Total Receipts (from Line 19) .....	51700	59200
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56657.25	66746.19
7. Total Disbursements (from Line 31).....	30197.22	40286.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26460.03	26460.03
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**The Fund for American Exceptionalism**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45500	50500
(ii) Unitemized .....	200	200
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45700	50700
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	6000	8500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	51700	59200
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	51700	59200
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51700	59200

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	15197.22	24251.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15197.22	24251.16
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500	11000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	2500	5035
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30197.22	40286.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30197.22	40286.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	51700	59200
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51700	59200
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15197.22	24251.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15197.22	24251.16

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. Dean V White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 E 80th Place  
Suite 700N  
City Merrillville State IN Zip Code 46410-5676  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013  
**Transaction ID : 360-3-M**  
Amount of Each Receipt this Period  
-5000  
Redesignation to General  
**[MEMO ITEM]**

**B. Dean V White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 E 80th Place  
Suite 700N  
City Merrillville State IN Zip Code 46410-5676  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013  
**Transaction ID : 360-4-M**  
Amount of Each Receipt this Period  
5000  
Redesignation to General  
**[MEMO ITEM]**

**C. Edward M Bakwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 433 US Highway 20  
City La Porte State IN Zip Code 46350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013  
**Transaction ID : 361-292-c**  
Amount of Each Receipt this Period  
250

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)  
**A. Bharat H. Barai**

Mailing Address 9903 Twin Creek Boulevard

City State Zip Code  
Munster IN 46321-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Oncology Hematology Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 38-265-c**

Amount of Each Receipt this Period  
2600

Full Name (Last, First, Middle Initial)  
**B. Bos Dairy, LLC**

Mailing Address 10777 W 700 N

City State Zip Code  
Fair Oaks IN 47943-8529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : 356-287-c**

Amount of Each Receipt this Period  
1000

Full Name (Last, First, Middle Initial)  
**C. Steven Bos**

Mailing Address 12328 Driftwood Drive

City State Zip Code  
Demotte IN 46310-7925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Windy Ridge Dairy Farm Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : 357-288-c**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. Paul R Chael**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Edgewood Drive  
 City Valparaiso State IN Zip Code 46385-7382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 344-276-c**  
 Amount of Each Receipt this Period  
 250

**B. Wil Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7807 Lake Shore Drive  
 City Gary State IN Zip Code 46403-1337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gary Jet Center, Inc Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 340-272-c**  
 Amount of Each Receipt this Period  
 500

**C. Kevin Dillon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 94th Avenue NE  
 City Clyde Hill State WA Zip Code 98004-3420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer App World Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2013  
**Transaction ID : 331-260-c**  
 Amount of Each Receipt this Period  
 4000

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. Fair Oaks Dairy Farm, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5431 E. 600 North Road  
 City Fair Oaks State IN Zip Code 47943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : 359-290-c**  
 Amount of Each Receipt this Period  
 5000

**B. Donald P. Fesko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1216 Ballybunion Court  
 City Dyer State IN Zip Code 46311-1268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Community Hospital CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 342-274-c**  
 Amount of Each Receipt this Period  
 500

**C. Timothy Fesko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 Ridge Road  
 City Munster State IN Zip Code 46321-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Real Estate & Insurance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 336-268-c**  
 Amount of Each Receipt this Period  
 500

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. William I Fine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1341 Fitzgerald Drive

City Munster State IN Zip Code 46321-4203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2013**

**Transaction ID : 348-284-c**

Amount of Each Receipt this Period  
**250**

**B. William I Fine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1341 Fitzgerald Drive

City Munster State IN Zip Code 46321-4203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : 348-329-c**

Amount of Each Receipt this Period  
**250**

**C. Marcia Forcey**  
Full Name (Last, First, Middle Initial)

Mailing Address 668 E 900 N

City Westville State IN Zip Code 46391-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer McColly Real Estate Occupation Real Estate Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : 37-262-c**

Amount of Each Receipt this Period  
**2600**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. Ronald J Gidwitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 S Wacker Drive

City Chicago State IL Zip Code 60606-5829

FEC ID number of contributing federal political committee. **C**

Name of Employer Riverbend Industries Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 332-263-c**

Amount of Each Receipt this Period  
 1000

**B. Dietrich M Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 769 Michigan Avenue

City Wilmette State IL Zip Code 60091-1956

FEC ID number of contributing federal political committee. **C**

Name of Employer Jupiter Oxygen Corp Occupation Chairman/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 237-261-c**

Amount of Each Receipt this Period  
 1000

**C. Herrema Dairy, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 10998 W 500 N

City Fair Oaks State IN Zip Code 47943-8541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : 355-286-c**

Amount of Each Receipt this Period  
 1000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)  
**A. Hidden View Dairy, Llc**  
 Mailing Address 1498 W State Road 14  
 City Rensselaer State IN Zip Code 47978-8549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : 354-285-c**  
 Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**B. Bruce H Leetz**  
 Mailing Address 570 N 90 E  
 City Valparaiso State IN Zip Code 46383-9115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Coast Distributing President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 337-269-c**  
 Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**C. James Loshbough**  
 Mailing Address PO Box 400  
 City Elkhart State IN Zip Code 46515-0400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McDowell Enterprises Inc Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : 350-328-c**  
 Amount of Each Receipt this Period  
 250

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial) <b>A. Michael W McPhillips</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2013
Mailing Address 8473 Morse Court		<b>Transaction ID : 343-275-c</b>
City Crown Point	State IN	Zip Code 46307-9640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer INDOT	Occupation District Deputy Commissioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250	

Full Name (Last, First, Middle Initial) <b>B. Gus Olympidis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2013
Mailing Address 213 S State Road 49		<b>Transaction ID : 334-266-c</b>
City Valparaiso	State IN	Zip Code 46383-7976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Family Express Corporation	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600	

Full Name (Last, First, Middle Initial) <b>C. John S Pruzin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2013
Mailing Address 7109 Calumet Avenue		<b>Transaction ID : 345-277-c</b>
City Hammond	State IN	Zip Code 46324-2405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Solín-Prúzin Funeral Home	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial) <b>A. James Rivich</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 <b>Transaction ID : 341-273-c</b>
Mailing Address 3143 Strong Street		Amount of Each Receipt this Period 500
City Highland	State IN	Zip Code 46322-1445
FEC ID number of contributing federal political committee. C		
Name of Employer J Rivich & Assoc	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>B. Patrick J Schacki</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 <b>Transaction ID : 335-267-c</b>
Mailing Address PO Box 404		Amount of Each Receipt this Period 2600
City Valparaiso	State IN	Zip Code 46384-0404
FEC ID number of contributing federal political committee. C		
Name of Employer Grand Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600	

Full Name (Last, First, Middle Initial) <b>C. Thomas R Schilli</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 <b>Transaction ID : 339-271-c</b>
Mailing Address PO Box 351		Amount of Each Receipt this Period 1000
City Remington	State IN	Zip Code 47977-0351
FEC ID number of contributing federal political committee. C		
Name of Employer Schilli Transportation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)  
**A. Donald Starks**

Mailing Address **PO Box 508**

City **Bourbonnais** State **IL** Zip Code **60914-0508**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Mortgage Services III** Occupation **National Sales Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600**

Date of Receipt  
**12 / 31 / 2013**

**Transaction ID : 414-326-c**

Amount of Each Receipt this Period  
**2600**

Full Name (Last, First, Middle Initial)  
**B. Joel Van Ravenswaay**

Mailing Address **5602 Fountain View Drive**

City **Wheatfield** State **IN** Zip Code **46392-7050**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Newberry Farms** Occupation **Owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**12 / 28 / 2013**

**Transaction ID : 358-289-c**

Amount of Each Receipt this Period  
**1000**

Full Name (Last, First, Middle Initial)  
**C. Glenn S Vician**

Mailing Address **99 E 86th Avenue**

City **Merrillville** State **IN** Zip Code **46410-6381**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bowman Heintz Boscia Vician** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
**12 / 31 / 2013**

**Transaction ID : 349-327-c**

Amount of Each Receipt this Period  
**250**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A. Chuck Weiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 Leonard Drive  
 City Valparaiso State IN Zip Code 46383-2733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valparaiso First Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt  
 12 / 31 / 2013  
**Transaction ID : 351-325-c**  
 Amount of Each Receipt this Period  
 500

**B. Dean V White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 E 80th Place Suite 700N  
 City Merrillville State IN Zip Code 46410-5676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000

Date of Receipt  
 12 / 18 / 2013  
**Transaction ID : 360-291-c**  
 Amount of Each Receipt this Period  
 10000

**C. Jeanell Bos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7921 Wedgwood Court  
 City Demotte State IN Zip Code 46310-9486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bos Dairy, LLC Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 12 / 28 / 2013  
**Transaction ID : 419-287-P**  
 Amount of Each Receipt this Period  
 1000  
**[MEMO ITEM]**  
 Partnership Subitemization of Bos Dairy, LLC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)  
**A. Derek Herrema**

Mailing Address 12361 Driftwood Drive

City	State	Zip Code
Demotte	IN	46310-7925

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Herrema Dairy	Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2013

**Transaction ID : 417-286-P**

Amount of Each Receipt this Period  

1000
------

**[MEMO ITEM]**  
Partnership Subitemization of Herrema Dairy, LLC

Full Name (Last, First, Middle Initial)  
**B. Michael J McCloskey**

Mailing Address 856 N 600 E

City	State	Zip Code
Fair Oaks	IN	47943-8000

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Fair Oaks Dairy Farm	Dairy Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2013

**Transaction ID : 420-290-P**

Amount of Each Receipt this Period  

5000
------

**[MEMO ITEM]**  
Partnership Subitemization of Fair Oaks Dairy Farm, LLC

Full Name (Last, First, Middle Initial)  
**C. Fred Schakel**

Mailing Address 10420 mulligan drive

City	State	Zip Code
rensselaer	IN	47978

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Hidden View Dairy	Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

**Transaction ID : 353-285-P**

Amount of Each Receipt this Period  

1000
------

**[MEMO ITEM]**  
Partnership Subitemization of Hidden View Dairy, Llc

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	45500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)  
**A. Every Republican Is Crucial (ericpac)**  
 Mailing Address 25 E Main Street  
 Suite 200  
 City Richmond State VA Zip Code 23219-2109  
 FEC ID number of contributing federal political committee. **C** C00384701  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 338-270-c**  
 Amount of Each Receipt this Period  
 5000

Full Name (Last, First, Middle Initial)  
**B. International Union Of Operating Engineers Local 150 Political Action Committee**  
 Mailing Address 6200 Joliet Road  
 City Countryside State IL Zip Code 60525-3957  
 FEC ID number of contributing federal political committee. **C** C00142851  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : 347-279-c**  
 Amount of Each Receipt this Period  
 1000

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Aristotle International Inc**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Compliance software fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2013

**Transaction ID : SB21B-10-306-e**

Amount of Each Disbursement this Period

600

Full Name (Last, First, Middle Initial)

**B. Aristotle International Inc**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Compliance software fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB21B-10-316-e**

Amount of Each Disbursement this Period

600

Full Name (Last, First, Middle Initial)

**C. Business Card**

Mailing Address PO Box 15469

City Wilmington State DE Zip Code 19886-5469

Purpose of Disbursement  
Fundraising travel Eric Cantor

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB21B-376-317-e**

Amount of Each Disbursement this Period

522.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1722.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2013

Transaction ID : SB21B-4-293-e

Amount of Each Disbursement this Period

80.65

Full Name (Last, First, Middle Initial)

**B. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2103

Transaction ID : SB21B-322-29-V

Amount of Each Disbursement this Period

148.38

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 07/05/13 )

Full Name (Last, First, Middle Initial)

**C. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2013

Transaction ID : SB21B-314-30-V

Amount of Each Disbursement this Period

108.05

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 07/05/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2013

**Transaction ID : SB21B-4-294-e**

Amount of Each Disbursement this Period

319.42

Full Name (Last, First, Middle Initial)

**B. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2013

**Transaction ID : SB21B-314-34-V**

Amount of Each Disbursement this Period

166.9

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 07/27/13 )

Full Name (Last, First, Middle Initial)

**C. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2013

**Transaction ID : SB21B-322-37-V**

Amount of Each Disbursement this Period

52.35

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 07/27/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

319.42



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. NWL Lodging**

Mailing Address 1001 Lafayette Drive

City Farmington State PA Zip Code 15437-9754

Purpose of Disbursement  
Travel expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2013

**Transaction ID : SB21B-396-41-V**

Amount of Each Disbursement this Period

964.48

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 07/27/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 27 / 2013

**Transaction ID : SB21B-4-295-e**

Amount of Each Disbursement this Period

2376.2

Full Name (Last, First, Middle Initial)

**C. Hotel Alyeska**

Mailing Address 1000 Arlberg Ave

City Girdwood State AK Zip Code 99587

Purpose of Disbursement  
Lodging for fundraiser

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2013

**Transaction ID : SB21B-399-44-V**

Amount of Each Disbursement this Period

1065.92

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 08/18/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2376.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Rayburn**

Mailing Address 45 Independence Ave SW

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Meeting expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	3

**Transaction ID : SB21B-316-45-V**

Amount of Each Disbursement this Period

1	4	2	3	5
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**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 08/18/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	3

**Transaction ID : SB21B-4-296-e**

Amount of Each Disbursement this Period

1	2	0	8	.	2	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	3

**Transaction ID : SB21B-4-297-e**

Amount of Each Disbursement this Period

5	4
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	2	6	2	7
---	---	---	---	---

1	2	6	2	7
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2013

Transaction ID : SB21B-322-47-V

Amount of Each Disbursement this Period

127.33

[MEMO ITEM]

Subitemization of Fifth Third Bank ( 09/14/13 )

Full Name (Last, First, Middle Initial)

**B. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2013

Transaction ID : SB21B-314-48-V

Amount of Each Disbursement this Period

207.55

[MEMO ITEM]

Subitemization of Fifth Third Bank ( 09/14/13 )

Full Name (Last, First, Middle Initial)

**C. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2013

Transaction ID : SB21B-4-298-e

Amount of Each Disbursement this Period

334.88

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

334.88

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Mo's A Place for Steak**

Mailing Address 47 S Pennsylvania Street

City Indianapolis State IN Zip Code 46204-3698

Purpose of Disbursement  
Food/bev for fundraiser

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

**Transaction ID : SB21B-395-49-V**

Amount of Each Disbursement this Period

288.85
--------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 10/11/13 )

Full Name (Last, First, Middle Initial)

**B. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

**Transaction ID : SB21B-314-50-V**

Amount of Each Disbursement this Period

514.6
-------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 10/11/13 )

Full Name (Last, First, Middle Initial)

**C. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

**Transaction ID : SB21B-322-51-V**

Amount of Each Disbursement this Period

85.01
-------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 10/11/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : SB21B-4-299-e**

Amount of Each Disbursement this Period

967.2

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2013

**Transaction ID : SB21B-4-300-e**

Amount of Each Disbursement this Period

178.9

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel for fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2013

**Transaction ID : SB21B-311-55-V**

Amount of Each Disbursement this Period

537.8

**[MEMO ITEM]**  
Subitemization of Fifth Third Bank ( 11/03/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1146.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

**Transaction ID : SB21B-4-301-e**

Amount of Each Disbursement this Period

751.66
--------

Full Name (Last, First, Middle Initial)

**B. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

**Transaction ID : SB21B-314-57-V**

Amount of Each Disbursement this Period

479.3
-------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 11/03/13 )

Full Name (Last, First, Middle Initial)

**C. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto xpense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

**Transaction ID : SB21B-322-58-V**

Amount of Each Disbursement this Period

123.55
--------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 11/03/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

751.66
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Eagle Creek Aviation Services**

Mailing Address 4101 Dandy Trail

City Indianapolis State IN Zip Code 46254-9200

Purpose of Disbursement  
Air travel for fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : SB21B-394-63-V

Amount of Each Disbursement this Period

312.68
--------

[MEMO ITEM]

Subitemization of Fifth Third Bank ( 11/03/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : SB21B-4-302-e

Amount of Each Disbursement this Period

1021.14
---------

Full Name (Last, First, Middle Initial)

**C. Speedway**

Mailing Address 401 Kentucky Avenue

City Indianapolis State IN Zip Code 46225-1123

Purpose of Disbursement  
Auto expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2013			

Transaction ID : SB21B-322-64-V

Amount of Each Disbursement this Period

253.55
--------

[MEMO ITEM]

Subitemization of Fifth Third Bank ( 11/30/13 )

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1021.14
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	3		

**Transaction ID : SB21B-314-65-V**

Amount of Each Disbursement this Period

2	1	8	.	2	5
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**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 11/30/13 )

Full Name (Last, First, Middle Initial)

**B. Eagle Creek Aviation Services**

Mailing Address 4101 Dandy Trail

City Indianapolis State IN Zip Code 46254-9200

Purpose of Disbursement  
Air travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	3		

**Transaction ID : SB21B-394-67-V**

Amount of Each Disbursement this Period

1	5	2	.	2
---	---	---	---	---

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 11/30/13 )

Full Name (Last, First, Middle Initial)

**C. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	3		

**Transaction ID : SB21B-4-303-e**

Amount of Each Disbursement this Period

6	3	7	.	2	6
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6	3	7	.	2	6
---	---	---	---	---	---

6	3	7	.	2	6
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Suites**

Mailing Address 200 C Street SE

City Washington State DC Zip Code 20003-1909

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : SB21B-409-69-V**

Amount of Each Disbursement this Period

258.77

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 12/11/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

**Transaction ID : SB21B-4-304-e**

Amount of Each Disbursement this Period

352.53

Full Name (Last, First, Middle Initial)

**C. Indiana Acre/indiana Statewide Assn Of Recs Inc**

Mailing Address 720 N High School Road

City Indianapolis State IN Zip Code 46214-3756

Purpose of Disbursement  
Fundraising event tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2013

**Transaction ID : SB21B-52-310-e**

Amount of Each Disbursement this Period

200

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

552.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Kelmscott Communications Inc**

Mailing Address 1665 Mallette Road

City Aurora State IL Zip Code 60505-1354

Purpose of Disbursement  
Mailing cost for fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2013			

Transaction ID : SB21B-378-319-e

Amount of Each Disbursement this Period

1483.34
---------

Full Name (Last, First, Middle Initial)

**B. Lisa Wagner & Co**

Mailing Address PO Box 446

City Batavia State IL Zip Code 60510-0446

Purpose of Disbursement  
Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

Transaction ID : SB21B-377-318-e

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**C. Ron Gould Studios**

Mailing Address 1401 W Huron Street

City Chicago State IL Zip Code 60642-8705

Purpose of Disbursement  
Photography at fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : SB21B-375-315-e

Amount of Each Disbursement this Period

625
-----

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4608.34
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14812.48
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Byrne for Congress**

Mailing Address 10 Court Square

City Montgomery State AL Zip Code 36104-3701

Purpose of Disbursement  
Political contribution

011

Candidate Name

**Bradley Byrne**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2013

**Transaction ID : SB23-371-313-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**B. Coffman For Congress 2012**

Mailing Address 9249 S Broadway  
# 200-501

City Highlands Ranch State CO Zip Code 80129-5690

Purpose of Disbursement  
Political contribution

011

Candidate Name

**Michael Coffman**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 24 / 2013

**Transaction ID : SB23-190-321-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address 3330 Skokie Valley Road

City Highland Park State IL Zip Code 60035-1035

Purpose of Disbursement  
Political contribution

011

Candidate Name

**Robert James Mr Dold Jr.**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2013

**Transaction ID : SB23-68-323-e**

Amount of Each Disbursement this Period

5000

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Handel for Senate Inc**

Mailing Address 412 S Capitol Street SE  
Apt. B

City Washington State DC Zip Code 20003-4066

Purpose of Disbursement  
Political contribution

011

Candidate Name

**Karen Handel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2013

**Transaction ID : SB23-379-320-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. Neil Riser Campaign Inc**

Mailing Address PO Box 1376

City West Monroe State LA Zip Code 71294-1376

Purpose of Disbursement  
Political contribution

011

Candidate Name

**Neil Riser**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2013

**Transaction ID : SB23-373-314-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Friends Of Connie Lawson**

Mailing Address 133 W Market Street  
# 196

City Indianapolis State IN Zip Code 46204-2801

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Candidate Name

**Connie Lawson**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2013

**Transaction ID : SB29-362-305-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Morgan County Republican Party**

Mailing Address 96 N Main Street  
Suite 11

City Martinsville State IN Zip Code 46151-1415

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2013

**Transaction ID : SB29-363-307-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Patriot Day II 2013**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2013

**Transaction ID : SB29-365-308-e**

Amount of Each Disbursement this Period

1000

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

2500.00